

APPROVED FOR FILING 2 MAY 2006

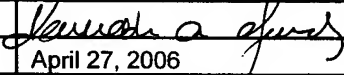
3006-1772.KAG/rch.#383949

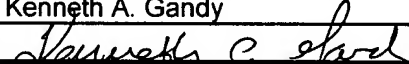
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/549,437	
	Filing Date	September 16, 2005	
	First Named Inventor	Osborne, Thomas A.	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	7	Attorney Docket Number	3006-1772

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Executed Oath/Declaration
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Kenneth A. Gandy, Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	April 27, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature		Date	April 27, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Complete if Known

Application Number 10/549,437
Filing Date September 16, 2005
First Named Inventor Osborne, T.
Examiner Name Unknown
Art Unit Unknown
Attorney Docket No. 3006-1772

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ -20 or HP = _____ Fee (\$)
HP = highest number of total claims paid for, if greater than 20

Independent Claims _____ -3 or HP = _____ Fee (\$)
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$)
x _____ = _____

3. APPLICATION SIZE FEE

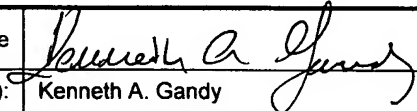
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets _____ -100 = _____ Extra Sheets _____ /50 = _____ Number of each additional 50 or fraction thereof _____ (round up to a whole number) Fee (\$)
x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

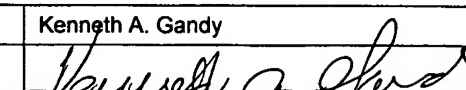
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Late submission of oath or declaration fee _____ Fee Paid (\$)
\$130.00

SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	33,386	Telephone:	(317) 634-3456
Name (Print/Type):	Kenneth A. Gandy	Date:	April 27, 2006		

CERTIFICATE OF MAILING OR TRANSMISSION

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3006-1772.#383943

WEMMH #317053 (Rev. 7/05)